


PTO/SB/21 (08-03)

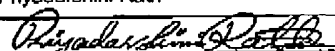
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/829,015	RECEIVED CENTRAL FAX CENTER MAY 14 2004 OFFICIAL
	Filing Date	04/20/2004	
	First Named Inventor	Mark Chee	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	8	Attorney Docket Number	3047.2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Certificate of Limited Recognition under 37 CFR 10.9(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	The Commissioner is hereby authorized to charge any additional fees which may be required to Deposit Account 01-0431.
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Priyadarshini Rath [Limited Recognition under 37 CFR 10.9(b)]
Signature	
Date	05/12/2004

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Typed or printed name	Priyadarshini Rath	Centralized PTO facsimile number (703) 872-9306	
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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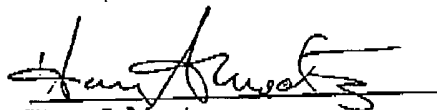
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Expires: July 5, 2004



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Director of Enrollment and Discipline**

Serial No.: 10/829,015
Attorney Docket: 3047.2

PATENT
Attorney Docket No. 3047.2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark Chee

Serial No: 10/829,015

Filing Date: April 20, 2004

Inventor: Mark Chee

Title: Iterative Resequencing

Examiner: Unknown

Group Art Unit: Unknown

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PRELIMINARY AMENDMENT

Sir:

Prior to examination of the above-referenced application, please amend the
subject application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3
of this paper.

Remarks begin on page 5 of this paper.